

# **STATE PSYCHOLOGY BOARD**

**November 12, 2010**

## **MINUTES**

### **I. CALL TO ORDER AND ESTABLISHMENT OF QUORUM**

The meeting was called to order by Sharon Bowman, Ph.D. at 9:05 a.m. in Conference Center Room 4 of the Indiana Government Center South, 302 W. Washington Street, Indianapolis, IN 46204; a quorum was established.

#### **Members Present:**

Sharon Bowman, Ph.D., Chair  
Joseph R. Biggs, Ph.D., Vice-Chair  
Raymond W. Horn, Ph.D., Member  
Helen Lands, Consumer Member  
Jere Leib, Ph.D., Member  
Stephen Ross, Psy.D, Member

#### **Members Absent:**

None

#### **Staff Present:**

Tasha Coleman, Board Director, Indiana Professional Licensing Agency  
Andre Phillips, Assistant Board Director, Indiana Professional Licensing Agency  
Elizabeth Brown, Board Counsel, Indiana Attorney General's Office

### **II. ADOPTION OF THE AGENDA**

A motion was made and seconded to adopt the agenda, as amended.

Lands/Ross  
6/0/0 Motion carried

### **III. ADOPTION OF THE MINUTES FROM THE SEPTEMBER 10, 2010 MEETING OF THE BOARD**

A motion was made and seconded to adopt the Minutes from the September 10, 2010 meeting of the Board.

Leib/Biggs  
6/0/0 Motion carried

#### **IV. PROBATIONARY PERSONAL APPEARANCES**

##### **A. Anne Marie Wells, PhD**

A motion was made and seconded to approve the final order which approved Dr. Graham as Dr. Wells' practice monitor.

Horn/Leib

6/0/0 Motion carried

Dr. Wells did personally appear before the Board as per her probationary order. Dr. Wells is compliant with her probationary order in that she has successfully completed the required ethics course and submitted a certificate of completion to the Board for review. She is not currently seeing patients and is still employed in the State of Illinois doing research.

#### **V. PERSONAL APPEARANCES**

- A. Shelley Haste, PsyD did personally appear before the Board to answer questions regarding her positive response renewal. A motion was made and seconded to renew the license without restrictions.

Horn/Leib

5/0/1 Motion carried (Lands abstained)

- B. Deborah Marton, PsyD did personally appear before the Board to answer questions regarding her internship which was neither APA nor APPIC approved. The application was tabled and the Board requested additional information pertaining to the nature of the internship. Dr. Marton will submit a brochure, intern training documents and/or notes, and a statement from the internship director (current or past) describing the internship itself and internship recruiting methods. The Board has approved Dr. Bowman to review the information and make a determination on HSPP certification without the full Board's further review.

- C. Ann LaFrance, PsyD did personally appear before the Board to answer questions regarding her internship which was neither APA nor APPIC approved. A motion was made and seconded to approve the HSPP certification of Dr. LaFrance.

Ross/Biggs

5/0/1 Motion carried (Lands abstained)

## **VI. NOTICE OF PROPOSED DEFAULT**

### **A. In the matter of David Edward Mowry**

Cause No. 2010 PB 0002

Re: Notice of Proposed Default

#### **Parties and Counsel Present:**

Morgan Burton, DAG

#### **Witnesses:**

None

#### **Participating Board Members:**

Sharon Bowman, Ph.D.

Joseph R. Biggs, Ph.D.

Helen Lands

Stephen Ross, Psy.D.

Jere Leib, Ph.D.

Raymond W. Horn, Ph.D.

#### **Court Reporter:**

Susan Hessman

**Case Summary:** On March 10, 2010 the Board received a request for summary suspension of Mr. Mowry's temporary license from the Office of the Attorney General. Based on the respondent's testimony, the Board found he presents a clear and immediate danger to the public if allowed to continue to practice. On March 12, 2010 a motion was made and seconded to suspend the temporary Psychologist license of David Mowry indefinitely.

Due to Mr. Mowry's failure to appear before the Board or reply to the Board's Notice of Proposed Default a motion was made and seconded to hold Mr. Mowry in default.

Leib/Ross

6/0/0 Motion carried

A motion was made and seconded to revoke the temporary license previously given to Mr. Mowry, to assess the maximum amount of fines in the amount of \$8,000.00 and all costs associated to the administrative proceedings by the Office of the Attorney General and IPLA. Mr. Mowry will be required to satisfy the judgment within 6 months of the date of the final order.

Ross/Lands

6/0/0 Motion carried

## **VII. APPLICATION REVIEW**

**A. Dennis Olvera, PhD.**

Re: CE approval (two applications)

A motion was made and seconded to approve the CE applications of Dr. Olvera.

Biggs/Horn

5/0/1 Motion carried (Lands abstained)

**B. Northern Indiana Training Associates**

Re: CE Sponsor Application

A motion was made and seconded to approve the CE Sponsor application of Northern Indiana Training Associates.

Biggs/Ross

5/0/1 Motion carried (Lands abstained)

**C. Fania Lee, PsyD**

Re: HSPP application

The HSPP application was tabled and the Board staff will send a letter to Dr. Lee requesting a new Form A completed by Dr. Bradford be submitted, along with a brochure regarding the internship that was completed and clarification of APPIC accreditation, when and how long it was in existence and specific information pertaining to the number of hours completed in the internship program. All documents regarding the internship must be submitted via Dr. Bradford, not via Dr. Lee.

**VIII. OLD/NEW BUSINESS**

**A. Dr. Bowman: Report on ASPPB meeting**

Dr. Bowman reported on the ASPPB meeting in Savannah, Georgia. She did provide a written summary of the meeting and it is attached for review.

**B. September 2011 meeting date**

Dr. Leib would like to have the September 2011 meeting changed to September 16, 2011 due to a scheduling conflict. The Board agreed to change the meeting date.

**IX. ADJOURNMENT**

There being no further business, and having completed its duties, the meeting of the State Board of Psychology adjourned at 1:07 pm.

A handwritten signature in cursive script, reading "Sharon H. Bowman, Ph.D.", is written over a horizontal line.

## Summary of ASPPB October 2010 Meeting:

Thursday 10/14/2010

### EPPP:

- Beginning in April 2011 the exam will switch from 200 operational items and 25 pretest items to 175 operational items and 50 pretest items. Standardized scores will change accordingly.
- Currently, the passing score is about 70% (standard score of 500).
- There are 4 versions of the exam.
- In 2009, 64 candidates took the exam for Indiana.
- 83% of doctoral level candidates taking the EPPP pass the exam on the first try, while the rate decreases to 73% for doctoral and master's level combined (master's level candidates pass at a lower rate).
- 74% of women, 68% of men pass the first time.
- The longer one waits to take it, the less likely one is to pass the first time.
- 200-299 hours seems to be the optimal amount of time to study; the method of study seems to be less important than the time spent.
- Results seem to suggest it is better to let candidates take the exam early, i.e., post-degree, instead of waiting until post-doctoral hours are complete.

Friday 10/15/2010

1. In Nebraska, a Catholic organization is pressuring the Board and Legislature to allow psychologists to deny services to gay and lesbian couples, including referrals to other psychologists, on the basis of their religious convictions. The Board is fighting this attempt to legislate an ethical violation.
2. In one or two states, moves are being made to legislate behavior analysts.
3. ASPPB is beginning to look at telepsychology, with plans to ultimately develop a Model Act on the topic. They were referring to such items as supervision by Skype, text-based client interactions (iChat, IM, Twitter, email); phone-based contact; video-based contact. The example given was this: if the psychologist and client reside in the same state, the psychologist is bound by that state's law, regardless of where he/she physically is at the time of service. The task force charged with examining this topic is entertaining questions: [fredmillian@nyc.rr.com](mailto:fredmillian@nyc.rr.com).
4. The Council on Accreditation has made a clear statement about its importance of residency requirements: helps students concentrate on coursework; become socialized into the field; network with professors and other students; and allows the program to evaluate student proficiency
5. ASPPB is considering, or actually planning, to push a uniform application process, by which candidates would submit an online application and ASPPB would verify all original documents. They would then transmit the application electronically to jurisdictions.

6. ASPPB is also working on an Interjurisdictional Practice Certificate – a certificate verifying information for temporary permit applications. They hope to have this material ready for discussion by October 2011.
7. ASPPB is developing a Model Act for Continuing Professional Development. This CPD is designed to maintain and enhance competence. This is NOT designed to cover any intended change in practice (i.e., it would cover enhancing my work in multicultural counseling, as that is what I already specialize in, but would not cover a decision to switch to child therapy).

10/16/2010

1. They suggested we might separate our application documents and clearly indicate which part is public record and which parts are not (e.g., address is not public record).
2. They suggest adding criminal background checks for initial licensure and again at renewal period, or at least periodically at renewal. MD already does this.
3. Also in relation to criminal histories, the TX Optometry Board may issue a letter to someone planning to applying for graduate school attesting to whether the candidate's criminal history precludes approval for licensure.
4. Regarding the post-doctoral clinical hours, AZ has also approved their change in HSPP hours. They allow the extra 500 internship hours to count toward the HSPP (i.e., internships are a minimum of 1500 hours, but most sites require 2000). They also allow no more than 25% of the hours to be supervised by an intern.

10/17/10

1. A presentation was given regarding the number of MA level psychologists, psych associates, and other similarly titled professionals there are in other states. In WV, I believe, there are significantly more MA level psychologists than doctoral level. NC, I believe, have nearly equal numbers.

2.

Submitted by: S. Bowman 11/12/2010

## Jurisdictional Requirements and Views of Supervised Professional Experience

**RON ROSS  
SHEETAL SHAH  
EMIL RODOLFA**

## What we did....

- We surveyed each licensing board administrator in the United States
- Forty-one jurisdiction executive officers responded to our survey
- 79% response rate: 42 respondents out of 53 sampled jurisdictions.

## Why we did what we did...

- In 2006, APA changed the APA model licensing act to allow (encourage) jurisdictions to license psychologists at degree.
- Alabama had been the only US jurisdiction to allow licensure at degree.

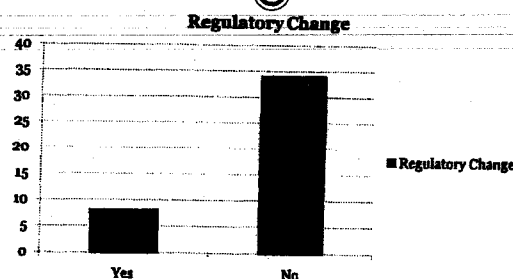
## Why we did what we did...

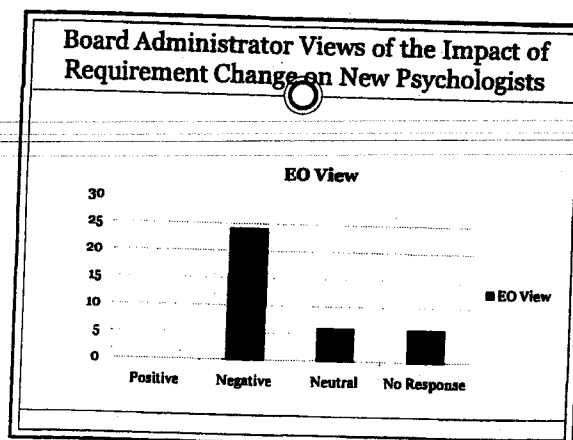
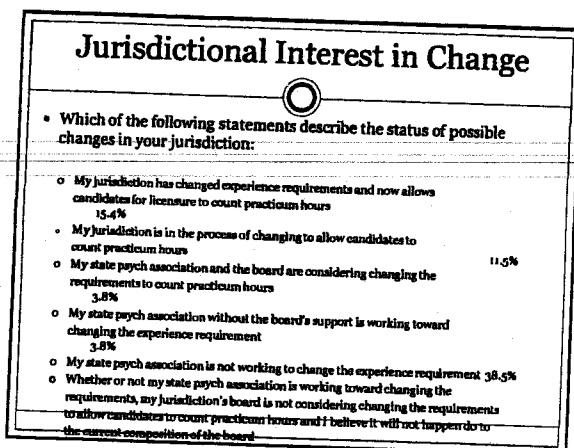
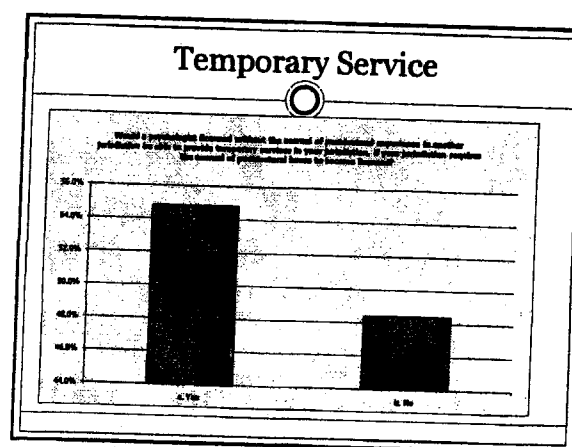
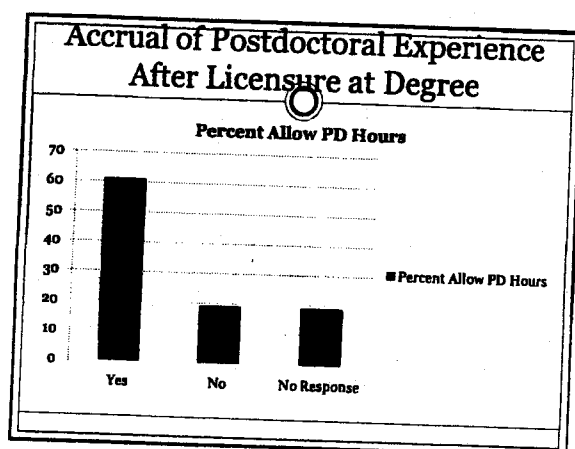
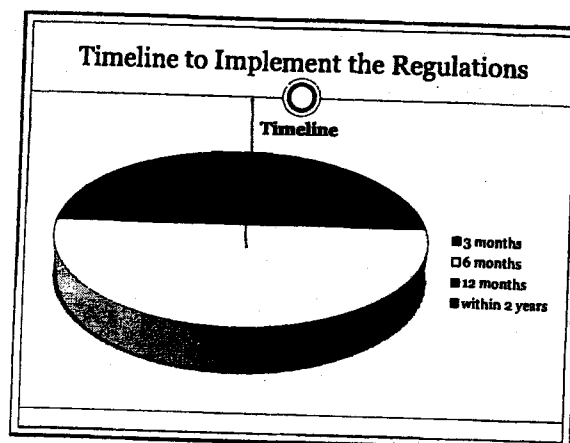
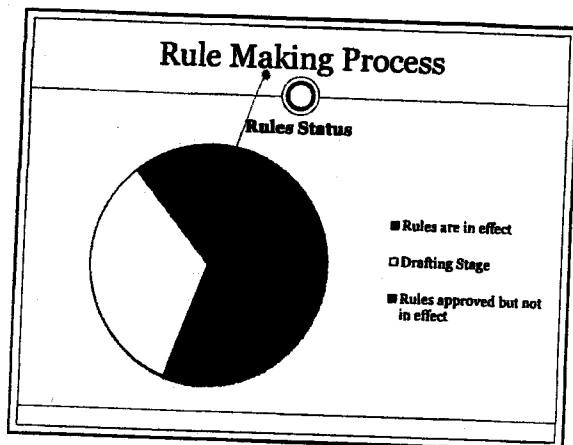
- Since the change ten jurisdictions have amended their laws/regulations:
- |            |              |
|------------|--------------|
| Arizona    | Connecticut  |
| Indiana    | Kentucky     |
| Maryland   | North Dakota |
| Ohio       | Utah         |
| Washington | Wyoming      |

## Why we did what we did...

- We were interested in any possible license mobility barriers within jurisdictions that would be problematic for psychologists
- We were also interested in the jurisdiction's views regarding this possible change

## What we found: License at degree



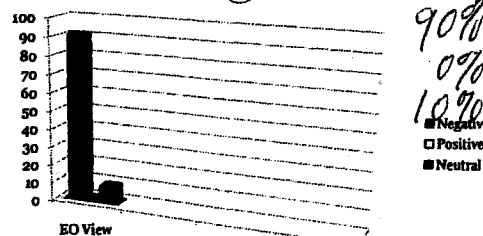




### Sample Board Administrator Comments

- Negative:
  - Our Board does not believe supervisory standards should be lowered by eliminating the postdoctoral requirement
  - It's a mess
  - It will likely hamper mobility
  - Mobility will be a mess
  - It will create ongoing difficulties with psychologists practicing across state lines
- Neutral:
  - No major impact here but other jurisdictions may respond differently

### Board Administrator Views on the Impact of Experience Requirement on Boards



90% negative  
0% positive  
10% neutral

### Sample Board Administrator Comments About Impact on Boards

- More Confusion
- Increased board workload
- Reciprocity problems
- Increase licensure candidate complaints
- Minimal new problems-applicants have to meet our requirements. If they don't they don't get licensed
- Increase legal challenges to licensing laws
- Affect the credibility of the profession
- No new problems occurring

### Conclusions

- About 20% of states have changed their licensing laws to allow practicum hours to be included in supervised experience required for licensure.
- 80% of jurisdictions have not changed.

### Conclusions

- The majority of jurisdictions that have not changed do not have plans to change and many jurisdictions do not appear supportive of the experience requirement change
- Almost all board administrators believe there will be increased confusion and difficulty in licensing for psychologists seeking jurisdictional mobility.

### Future Research

- Future research should track psychologists licensed at degree and assess if there are actually mobility problems.
- Future research should track what occurs for psychology boards that change their licensing requirements.
- Future research should investigate any new training requirements for psychologists who were initially licensed at degree, when they apply for a second license in a jurisdiction that requires postdoctoral experience.

### **Developing Regulations for Telepsychology in Kentucky: Process & Product**

Thomas W. Miller, Ph.D.  
Chair, Kentucky Board of Examiners in Psychology  
Chair, Telepsychology Subcommittee KBEP

Mark Brengelman J.D.  
Assistant Attorney General  
Commonwealth of Kentucky

ASPPB Conference  
Conference October 13-17, 2010  
Savannah, Georgia USA

### **Learning Objectives**

- **Objective 1:** Summarize the process involved in development of administrative regulations
- **Objective 2:** Understand the Mission and Definition of telepsychology
- **Objective 3:** Examine a model format of regulations for telepsychology applied to KRS 319 the "Kentucky telehealth law."

### **"Telepsychology" Defined by KRS 319**

- "Telepsychology" means the practice of psychology as defined by KRS 319.010(6) provided using any electronic communication technology between the psychologist and the client

### **The Process: New Administrative Regulation Governing Telepsychology**

Telepsychology Regulations  
For the Kentucky Board of Examiners in Psychology  
2008-2009 Board Retreat  
Thomas W. Miller, Chair  
Dennis Bucholtz  
Barbara Jefferson  
Eva Markham  
Dannette Morton-Page  
Abby Shapiro  
Mark Brengelman

### **Mission & Definition**

- **Mission:**
- The mission of the KBEP is to propose a set of relevant and workable regulations that can be applied by licensed psychologists when using video teleconferencing also known as "telepsychology" which is intended to be applicable to any psychological services provided using electronic communication technology.
- **Definition:**
- Telepsychology is a modality that serves as an adjunct not appropriate for all problems and is a specific process of providing professional services that varies across situation, setting, time, and decisions regarding the appropriate delivery of telepsychology services are made on a case-by-case basis.

### **Regulations Development Process**

1. Literature and Internet search, telehealth guidelines and standards
2. Identify areas of APA Code of Ethics needing telepsychology regulations & Legal and ethical issues
3. Review other states and provinces initiatives with telepsychology
4. KBEP Telehealth Retreat 08-28-09
5. ASPPB Recommended Guidelines for Telepractice Boston MA 04/09
6. Canadian Psychological Association E-therapy Guidelines (draft) 09
7. Ohio Psychological Association & American Telemedicine Association reports
8. KBEP Development of draft guidelines and supportive reference documentation July 2010
9. Kentucky Psychological Association Board
10. Submit to the KBEP for review and approval.

## Regulations Development Process

- KRS 319.140 is the Board's telehealth law.
- 201 KAR 26:171 Section 2(2) provides for interactive, 2 way video for supervision, if approved by the Board. 201 KAR 2:175 Section 5(2) (c) and Section 7(4) also provides for interactive CE via video teleconferencing
- As to the application of the Board's laws, KRS 319.082 and 201 KAR26:145 govern the psychologist and could apply in the context of a telecommunications scenario. Is the line secure? Is confidentiality maintained? If the connection goes dead, is that patient abandoned?

## 1. The Use of Telepsychology in Supervision and Practice

- Licensed Psychologists recognize that telepsychology is a modality that serves as a adjunct not appropriate for all problems and is a specific process of providing professional services that varies across situation, setting, and time, and decisions regarding the appropriate delivery of telepsychology services are made on a case-by-case basis.
- Psychologists have the necessary training, experience, and skills to provide the type of telepsychology that they provide.
- They also can adequately assess whether involved participants have the necessary knowledge and skills to benefit from these services.
- If the psychologist determines that telepsychology is not appropriate, he/she informs those involved of appropriate alternatives.

## 2. Legal and Ethical Requirements

- Licensed Psychologists assure that the provision of telepsychology is not legally prohibited by local or state laws and regulations (supplements APA Ethics Code Sec. 1.02).
- Psychologists are aware of and in compliance with the Kentucky Statutes for the psychology licensure law (KRS 319.140) and the Kentucky State Board of Examiners in Psychology "Rules Governing Psychologists and School Psychologists" promulgated in the Kentucky Administrative Code.
- Licensed Psychologists are aware of and in compliance with the laws and standards of the particular state or country in which the client resides, including requirements for reporting individuals at risk to them or others (supplements APA Ethics Code Sec. 2.01).
- This step includes compliance with Section 508 of the Rehabilitation Act to make technology accessible to people with disabilities, [1112] as well as assuring that any advertising related to telepsychology services is non-deceptive (supplements APA Ethics Code Sec. 5.01).

## 3. Informed Consent and Disclosure

- Licensed Psychologists using telepsychology provide information about their use of electronic communication technology and obtain the informed consent of the involved individual using language that is likely to be understood and consistent with accepted professional and legal requirements.
- In the event that a psychologist is providing services for someone who is unable to provide consent for him or herself (including minors), additional measures are taken to ensure that appropriate consent (and assent where applicable) are obtained as needed.
- Levels of experience and training in telepsychology, if any, are explained and the client's informed consent is secured (supplements APA Ethics Code Sec.3.10).

## 4. Secure Communications/Electronic Transfer of Client Information

- Licensed Psychologists, whenever feasible, use secure communications with clinical clients, such as encrypted text messages via e-mail or secure websites and obtain consent for use of non-secured communications.
- Non-secure communications avoid using personal identifying information.
- Considering the available technology, licensed psychologists make reasonable efforts to ensure the confidentiality of information electronically transmitted to other parties.

## 5. Access to and Storage of Communications

- Psychologists inform clients about who else may have access to communications with the psychologist, how communications can be directed to a specific psychologist, and if and how psychologists store information
- Psychologists take steps to ensure that confidential information obtained and or stored electronically cannot be recovered and accessed by unauthorized persons when they dispose of computers and other information storage devices.
- Clinical clients are informed of the types of information that will be maintained as part of the client's record.

## **6. Fees and Financial Arrangements**

- As with other professional services, psychologists and clients reach an agreement specifying compensation, billing, and payment arrangements prior to providing telepsychology services (supplements APA Ethics Code Sec. 6.01).

## **KRS 319 Telehealth Law**

- KRS 319.140 is the Board's telehealth law.
- It requires administrative regulations, but the Board has not otherwise had the need to do so since its other laws seem to cover adequately the psychologist-patient relationship whether that be in-person or over interactive, two-way video.

## **KRS 319.140**

- 319.140 Duty of treating psychologist utilizing telehealth to ensure patient's informed consent and maintain confidentiality
- Definition of "telehealth".
- (1) A treating psychologist or psychological associate who provides or facilitates the use of telehealth shall ensure:

## **KRS 319.140**

- (a) That the informed consent of the patient, or another appropriate person with authority to make the health care treatment decision for the patient, is obtained before services are provided through telehealth; and
- (b) That the confidentiality of the patient's medical information is maintained as required by this chapter and other applicable law. At a minimum, confidentiality shall be maintained through appropriate processes, practices, and technology as designated by the board and that conform to applicable federal law.

## **KRS 319.140**

- (2) The board shall promulgate administrative regulations in accordance with KRS Chapter 13A to implement this section and as necessary to:
  - (a) Prevent abuse and fraud through the use of telehealth services;
  - (b) Prevent fee-splitting through the use of telehealth services; and
  - (c) Utilize telehealth in the provision of psychological services and in the provision of continuing education.

## **KRS 319.140**

- (3) For purposes of this section, "telehealth" means the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of health or medical data, and continuing education.

## **201 KAR 26:171 Section 2(2)**

- 201 KAR 26:171 Section 2(2) provides for interactive, 2 way video for supervision, if approved by the Board.
- 201 KAR 2:175 Section 5(2)(c) and Section 7(4) also provides for interactive Continuing Education via video conferencing etc

## **The Product: New Administrative Regulation Governing Telepsychology**

- General Government Cabinet
- Kentucky Board of Examiners of Psychology
- (New Administrative Regulation)
- 201 KAR 26:XXX.
- RELATES TO: KRS 319.140
- STATUTORY AUTHORITY: KRS 319.032

## **NECESSITY, FUNCTION, AND CONFORMITY:**

- KRS 319.140 sets forth the duty of a treating psychologist utilizing telehealth to ensure a patient's informed consent and to maintain confidentiality.
- This administrative regulation is established to protect and safeguard the health and safety of the citizens of Kentucky and to provide procedures for preventing abuse and fraud through the use of telehealth, prevent fee-splitting through the use of telehealth, and utilize telehealth in the provision of psychological services and in the provision of continuing education.

## **Definitions**

- Section 1. Definitions. (1) "Client" is defined by 201 KAR 26:145 § 2(2).
- (2) "Telehealth" is defined by KRS 319.140(3).
- (3) "Telepsychology" means the practice of psychology as defined by KRS 319.010(6) provided using any electronic communication technology between the psychologist and the client.
- (a) provided using any electronic communication technology, or;
- (b) two (2) way, interactive, simultaneous audio and video.

## **Client Requirements**

- Section 2. Client requirements. A credential holder using telehealth to deliver psychological services or who practices telepsychology shall, upon initial contact with the client:
- (1) makes reasonable attempts to verify the identity of the client;
- (2) obtain alternative means of contacting the client other than electronically;
- (3) provide to the client alternative means of contacting the credential holder other than electronically;
- (4) document whether the client has the necessary knowledge and skills to benefit from the type of telepsychology provided by the credential holder;
- (5) use secure communications with clients, including encrypted text messages via e-mail or secure websites, and not use personal identifying information in non-secure communications;

## **Informed Consent**

- (6) Inform the client in writing about:
- (a) the limitations of using technology in the provision of telepsychology;
- (b) potential risks to confidentiality of information due to technology in the provision of telepsychology;
- (c) potential risks of disruption in the use of telepsychology;
- (d) when and how the credential holder will respond to routine electronic messages, and;
- (e) in what circumstances the credential holder will use alternative communications for emergency purposes;
- (f) who else may have access to client communications with the credential holder;
- (g) how communications can be directed to a specific credential holder;
- (h) how the credential holder stores electronic communications from the client, and;
- (i) the reporting of clients required by 201 KAR 26:145 § 7(9).

### Competence & Limits on Practice

- Section 3. Competence, limits on practice, maintenance and retention of records. A credential holder using telehealth to deliver psychological services or who practices telepsychology shall:
- (1) limit the practice of telepsychology to the area of competence in which proficiency has been gained through education, training, and experience;
- (2) maintain current competency in the practice of telepsychology through continuing education, consultation, or other procedures, in conformance with current standards of scientific and professional knowledge;

### Competence & Limits on Practice

- (3) document the client's presenting problem, purpose, or diagnosis;
- (4) follow the record-keeping requirements of 201 KAR 26:145 § 3(6)(a)1-6, and;
- (5) ensure that confidential communications obtained and stored electronically cannot be recovered and accessed by unauthorized persons when the credential holder disposes of electronic equipment and data.

### Compliance

- Section 4. Compliance with federal, state, and local law. A credential holder using telehealth to deliver psychological services or who practices telepsychology shall:
- (1) comply with state law where the credential holder is credentialed and where the client is domiciled, and;
- (2) comply with Section 508 of the Rehabilitation Act to make technology accessible to a client with disabilities;

### Code of Conduct

- Section 5. Representation of services and Code of Conduct. A credential holder using telehealth to deliver psychological services or who practices telepsychology:
- (1) shall not by or on behalf of the credential holder engage in false, misleading, or deceptive advertising of telepsychology;
- (2) shall comply with 201 KAR 26:145.

### Lessons Learned

- American Psychological Association Workgroup Guidance & Experience
- American Telemedicine Association (2008) Practice Guidelines for Telemedicine.
- ASPPB (2009) Recommended Guidelines for Telepractice Boston MA
- Canadian Psychological Association E-therapy Guidelines (draft) 2009
- State Associations and Boards of Psychology
- Legal Counsel, University Telecare Centers

### Q & A

- Thank you
- Comments
- Questions

## **Telepsychology: Perspectives from the Association of Canadian Psychology Regulatory Organizations (ACPRO)**

Dr. Philip Smith  
ASPPB Annual Meeting, 15 October, 2010  
Savannah

### **ACPRO mission:**

"...to promote information sharing amongst the boards that regulate the practice of psychology in Canada, so as to strive for excellence in public protection."

- share expertise;
- support common efforts to enforce standards in the practice of psychology;
- speak with one voice on issues of common concern and consensus;
- facilitate mobility of psychology practitioners within Canada.

### **ACPRO's process with telepsychology**

January, 2009:

- questions from health service organization regarding tele-service to multiple jurisdictions
- Telehealth work group established (Beaulieu, LeBlanc, Smith)
  - Task of info gathering & issue identification

June, 2009

- Workgroup report
  - Psychologists are practicing telehealth
  - Multiple available documents, e.g.,
    - Ohio Telepsychology Guidelines (2008)
    - CPA Draft Ethical Guidelines for Psychologists Providing Psychological Services via Electronic Media
  - Legal brief from Québec
- How to responsibly enable cross-jurisdictional telehealth?
- Guidelines vs standards?
  - (work group of Beaulieu, Messer-Engel, Smith)

October, 2009

- Aim for standards rather than guidelines
- Develop options/proposals for cross-jurisdictional telepsychology practice
- Liaise with ASPPB efforts as appropriate

June, 2010

- Report of Workgroup (Messer-Engel & Smith)
  - Name of "telepsychology"
  - Recommended options for cross-jurisdictional practice within Canada
  - Recommended approach to standards and specific standards
- Modest amendments: supportive consensus among individual registrars and board members at ACPRO meetings
- Proposals brought back for regulatory board consideration and legal consultations

October, 2010

• ?

### Cross-jurisdictional Practice (within Canada)

- ACPRO had identified interest in:
  - facilitating opportunities for psychologists<sup>1</sup> registered in one Canadian jurisdiction to provide appropriate telepsychology practice across jurisdictions;
  - exploring options to avoid unnecessary duplication of registration processes.

<sup>1</sup> Includes all practitioners of psychology licensed/registered by Canadian psychology regulatory body

### Option 1

- Full registration in any jurisdiction into which telepsychology services are provided.
  - Advantages
  - Disadvantages
- Not recommended

### Option 2

- Special category of registration in any jurisdiction into which telepsychology services are provided. (Might parallel temporary registration permits, available with a fast-track mechanism and reduced fee for psychologists providing telepsychology services into a jurisdiction for less than some maximum number of hours or days per year.)
  - Advantages
  - Disadvantages
- Not recommended

### Option 3

- Registration in home jurisdiction of psychologist and no additional registrations required for telepsychology practice into other jurisdictions; psychologist's home jurisdiction responsible for complaints.
- One of two options recommended

*Wouldn't need to register anywhere else.*

### Option 3 Advantages

- Facilitates telepsychology practice into other jurisdictions for psychologists with no added time or financial costs.
- Maximizes choice in service for clients; enhances access to services in under-served areas.
- In cases of investigation and hearing, psychologist and Board are in same jurisdiction.
- Suggests the profession or its regulators are able to adapt to new technological realities.



### Option 3 Disadvantages

- Boards delegating responsibility for protection of their public to external Board, with respect to both eligibility for registration and discipline.
- Do Boards trust other Boards to carry out these responsibilities appropriately?
- In cases of investigation and hearing, client and Board in different jurisdictions.
- Boards carry discipline costs related to services to clients not residing in their jurisdiction.

### Option 4

- Registration in home jurisdiction of psychologist and no additional registrations required for telepsychology practice into other jurisdictions, *only in those cases where the two jurisdictions have a telepsychology reciprocity agreement*; psychologist's home jurisdiction responsible for complaints.
- One of two options recommended.

*How many of these actually exist?*

### Option 4 Advantages

- Facilitates telepsychology practice from some jurisdictions into some other jurisdictions for psychologists with no added time or financial costs.
- Increases choice in service for clients in participating jurisdictions; enhances access to services in under-served areas.
- In cases of investigation and hearing, psychologist and Board are in same jurisdiction.
- Suggests profession or its regulators able to adapt to new technological realities.
- If one or more jurisdictions has fundamental concern with option 3, other jurisdictions may proceed in absence of unanimous agreement.
- If jurisdiction has concern about one or more specific jurisdiction's criteria for registering psychologists or process for handling complaints, then that jurisdiction can permit telepsychology services from only those jurisdictions with which it has sufficient level of comfort.

### Option 4 Disadvantages

- Patchwork quilt across Canada regarding access to telepsychology opportunities and services.
- Boards delegating responsibility for protection of their public to external Board, with respect to both eligibility for registration and discipline (but only to Boards whose criteria for registration and processes for discipline are satisfactory to them).
- In cases of investigation and hearing, client and Board are in different jurisdictions.
- Boards carry discipline costs related to services to clients not residing in their jurisdiction.

### Standards

- Most expectations of psychologists providing distance services well addressed in existing standards.
- No need to reinvent that wheel,
  - or to create an appearance that the standards for telepsychology provision need to be substantially different from or more rigorous than those of all other kinds of practice.
- Remind psychologists providing distance services of some key existing standards of practice for which already accountable.
- Sets out relatively brief list of telepsychology-specific standards.

### Existing requirements for all psychological service provision re:

1. Respect for the Dignity of Persons
2. Responsible Caring
3. Integrity in Relationships
4. Responsibility to Society
5. Responsibility to do no harm.
6. Practice within one's area(s) of competence.
7. Responsibility to remain current with regard to the research/literature in the field.
8. Appropriate choice of treatment, including treatment modality, based on a thorough assessment of client situation and need. Decisions about choice of treatment and treatment modality reflect the highest appropriate standard of care.
9. Informed consent including but not limited to:
  - Discussion of the assessment and intervention approaches and modalities to be used, and the pros and cons of such approaches, delivered via such modalities.
  - Discussion regarding the maintenance of records, including electronic records, e.g. security, access, retention policy
  - Discussion regarding confidentiality and duty to report
  - Confirmation of the client's informed consent, either through use of a written and signed consent form, or via electronic alternatives.
10. Honesty and Integrity in relationships

- 11. Privacy and confidentiality
- 12. Record maintenance and storage
- 13. Planning for services in the event of an emergency, including how to contact the psychologist, and alternative services locally available to the client
- 14. Boundaries
- 15. Security of Tests
- 16. Liability Insurance
- 17. Conflict of Interest
- 18. Psychologists must be sensitive to cultural/regional/local issues which may impact service delivery, and this is especially critical when the psychologist is not familiar with the clientele or area being served.
- 19. Protection for Vulnerable Persons
- 20. Establishment of policies and procedures regarding the following:
  - General Service Provision
  - Emergency Services/Coverage
  - Records (maintenance, access, retention, security)
  - Transfer of Services (retirement, death, close of practice, services no longer wanted)
  - Client Verification
  - Technology Maintenance Plan
  - Outcome Evaluation Plan

### Specific standards for tele-psychology:

- 1. The psychologist will be licensed in "good standing" within the jurisdiction in which the psychologist resides. If holding provisional/candidate licensure, the psychologist will be supervised in all telepsychology practice by a psychologist licensed in "good standing" within the jurisdiction. As such the expectation is that the psychologist conforms to any and all rules, regulations, and standards established within the home jurisdiction.

- 2. A psychologist providing services into another jurisdiction is required, annually, to notify the regulatory body for psychologists in that jurisdiction of that fact, supplying name, contact information, home jurisdiction, and registration number in home jurisdiction. (If option 3 or 4 is adopted.)

- 3. The psychologist will inform the client who the client may complain to if there is a problem, providing the contact information for the responsible regulatory body.

- 4. Psychologists must be familiar with the local jurisprudence and standards for practice in the jurisdiction in which the service is being delivered. Where there is a conflict between such laws/regulations/standards and those of the psychologist's home jurisdiction, the psychologists must act according to the higher standard.

- 5. To minimize the possibility of someone impersonating the client and gaining access to confidential health information, or influencing the psychologist's assessment or opinion of the client, psychologists must use some form of coded identification of the client in cases where live visual verification is not possible.

- ▶ 6. The psychologist will make plans with the client regarding what will happen in the event of technological failure.

- ▶ Psychologists shall not offer telepsychology services to clients outside Canada unless and until they carry a liability insurance which would permit financial redress for any aggrieved client outside of Canada.

**Next steps.....**